

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27073

State File No. \_\_\_\_\_

FILED SEP 12 1955

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>238</u>  |  | PRIMARY REG. DIST. NO. <u>4355</u>  |  | Registrar's No. <u>29</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>New Madrid</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>  |  | c. LENGTH OF STAY (in this place) <u>9 Years</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>  |  | d. STREET ADDRESS (If rural, give location) <u>720 Russell St.</u>        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>   |  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1955</u>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print) <u>Jincie</u>   |  | a. (First) _____ b. (Middle) _____ c. (Last) <u>Dearing</u>  |  | 5. SEX <u>Female</u> 6. COLOR OR RACE <u>Colored</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  |   |  |
| 8. DATE OF BIRTH <u>1-7-1903</u>  |  | 9. AGE (In years last birthday) <u>52</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Mississinni</u>              |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  | 13a. FATHER'S NAME <u>Henry Harris</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Unk.</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Wade Dearing</u>                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Wade Dearing</u> ADDRESS <u>New Madrid, Mo.</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac decompensation</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Nephrosis</u> |  |   |  |
| 19a. DATE OF OPERATION _____  |  |  |  | 19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>   |  |   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____                     |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>12-15</u> , 19 <u>55</u> to <u>8-18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-18</u> , 19 <u>55</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE <u>Wm. O. Gannon</u> (Degree or title) _____   |  |  |  | 23b. ADDRESS <u>Marston Mo</u>  |  | 23c. DATE SIGNED <u>9-3-55</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>21 Aug 55</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u> |  |
| DATE REC'D BY LOCAL REG. <u>4 Sept 55</u>   |  | REGISTRAR'S SIGNATURE <u>Wm. O. Gannon</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. O. Gannon</u> ADDRESS <u>New Madrid, Mo.</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED SEP 7 1955  
NEW MADRID CO. HEALTH CENTER

P. J. L.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thomas H. Roberts

Licensed Embalmer No. 4886

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.